

EXHIBIT C

**CHICAGO FIRE INCIDENT
REPORTING SYSTEM**

**Fill in This Report
In your own words**

A 10	INCIDENT NUMBER	YEAR	DAY	DAY OF WEEK	5	Thursday	6	Friday	7	Saturday	140003	14003 25-01								
B	SITUATION FOUND	<input type="checkbox"/> Structure fire <input type="checkbox"/> Vehicle fire <input type="checkbox"/> Brush, grass, leaves <input type="checkbox"/> Trash, Rubbish <input type="checkbox"/> Explosion, No other fire <input type="checkbox"/> Outside spill with fire <input type="checkbox"/> Other fires not reported											<input type="checkbox"/> Overpressure Rupture <input type="checkbox"/> Emergency Medical Call <input type="checkbox"/> Locked-in trapped <input type="checkbox"/> Search <input type="checkbox"/> Extraction <input type="checkbox"/> Rescue - Not classified <input type="checkbox"/> Spill, leak-No fire		<input type="checkbox"/> Power line down <input type="checkbox"/> Arming/placing equipment <input type="checkbox"/> Aircraft standby <input type="checkbox"/> Chemical spill <input type="checkbox"/> Hazardous condition <input type="checkbox"/> Water removal <input type="checkbox"/> Smoke removal		<input type="checkbox"/> Animal Rescue <input type="checkbox"/> Assist Police <input type="checkbox"/> Unauthorized burning <input type="checkbox"/> Other services calls <input type="checkbox"/> Graffiti calls <input type="checkbox"/> Controlled burn		<input type="checkbox"/> Steam, gas <input type="checkbox"/> mislabeled for smoke <input type="checkbox"/> Malicious fires <input type="checkbox"/> Bomb Scare <input type="checkbox"/> Alarm Malfunction <input type="checkbox"/> Unintentional lake <input type="checkbox"/> Unclassified <input type="checkbox"/> Other	
C	ACTION TAKEN	<input type="checkbox"/> Extinguished <input type="checkbox"/> Rescue or Assistance <input type="checkbox"/> Investigation only <input type="checkbox"/> Remove Hazard											<input type="checkbox"/> Stand by <input type="checkbox"/> Salvage <input type="checkbox"/> Ambulance		<input type="checkbox"/> Not classified <input type="checkbox"/> Undetermined					
D	FIXED PROPERTY USE (Occupancy)	LOFT / GARAGE											IGNITION FACTOR							
E	CONVERTED ADDRESS (if known)	301 N. LIPSTICK											TELEPHONE							
F	11	APARTMENT											TELEPHONE		ROOM #/APT					
G	12	APARTMENT											TELEPHONE							
H	13	METHOD OF ALARM		<input type="checkbox"/> Radio <input type="checkbox"/> Telephone direct <input type="checkbox"/> Municipal alarm system <input type="checkbox"/> Private alarm system		<input type="checkbox"/> Voice signal/municipal alarm signal <input type="checkbox"/> Not determined above <input type="checkbox"/> Undetermined or not reported		Engine Co 3rd District		SHIFT		NO. ALARMS								
I	20	NUMBER OF INJURIES		FIRE SERVICE		OTHER		NUMBER OF FATALITIES		FIRE SERVICE		OTHER								
J	COMPLEX												MOBILE PROPERTY TYPE		(Complete Line 8)					
K	AREA OF FIRE ORIGIN												EQUIPMENT INVOLVED IN IGNITION		(Complete Line 11)					
L	FORM OF HEAT IGNITION												TYPE OF MATERIAL IGNITED		FORM OF MATERIAL IGNITED					
M	METHOD OF EXTINGUISHMENT		<input type="checkbox"/> Self extinguished <input type="checkbox"/> Fire department		<input type="checkbox"/> Manual extinguisher <input type="checkbox"/> Portable extinguisher <input type="checkbox"/> Automatic fire system		<input type="checkbox"/> Hose and nozzles <input type="checkbox"/> Pre-connected hose/tank only <input type="checkbox"/> Pre-connected hose/hydrant and hose <input type="checkbox"/> Hand-held hose/nozzle and hose		<input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Fire extinguisher/hose <input type="checkbox"/> Fire extinguisher/hose/hydrant		<input type="checkbox"/> Master control device <input type="checkbox"/> Not determined above <input type="checkbox"/> Undetermined or not reported									
N	LEVEL OF FIRE ORIGIN		<input type="checkbox"/> Grade level to 8 ft. <input type="checkbox"/> 9 to 18 ft. <input type="checkbox"/> 19 to 28 ft. <input type="checkbox"/> 29 to 38 ft. <input type="checkbox"/> 39 to 48 ft. <input type="checkbox"/> 49 to 57 ft.		<input type="checkbox"/> Over 57 feet <input type="checkbox"/> Objects in flight <input type="checkbox"/> Objects on ground level <input type="checkbox"/> Not determined above <input type="checkbox"/> Undetermined		ESTIMATED TOTAL DOLLAR LOSS		500,000		NFIRS 1 LAYOUT 4		DISCLAIMER: No representation is made, intended, or implied as to the validity or accuracy of information herein.							
O	Number of Stories		<input type="checkbox"/> 1 story. <input type="checkbox"/> 2 stories. <input type="checkbox"/> 3 to 4 stories.		<input type="checkbox"/> 5 to 8 stories. <input type="checkbox"/> 9 to 12 stories. <input type="checkbox"/> 13 to 24 stories.		<input type="checkbox"/> 25 to 49 stories. <input type="checkbox"/> 50 stories or more. <input type="checkbox"/> Number of stories undetermined or not reported.				CONSTRUCTION TYPE		<input type="checkbox"/> Unprotected ordinary <input type="checkbox"/> Protected wood frame <input type="checkbox"/> Unprotected wood frame <input type="checkbox"/> Not determined above <input type="checkbox"/> Undetermined or not reported							
P	EXTENT OF DAMAGE		<input type="checkbox"/> Confined to the object of origin <input type="checkbox"/> Confined to part of room or area of origin <input type="checkbox"/> Confined to room of origin <input type="checkbox"/> Confined to the fire-rated comp. of origin <input type="checkbox"/> Confined to floor of origin <input type="checkbox"/> Confined to structure of origin <input type="checkbox"/> Extended beyond structure of origin <input type="checkbox"/> No damage of this type (N/A)		<input type="checkbox"/> Room <input type="checkbox"/> Room & Smoke		DETECTOR PERFORMANCE		<input type="checkbox"/> Det. in room or space of fire origin - open <input type="checkbox"/> Det. not in room or space of fire origin - open <input type="checkbox"/> Det. in rm. or space of origin - no open <input type="checkbox"/> Det. not in rm. or space of origin - no open <input type="checkbox"/> Det. not in rm. or space of fire origin - no open <input type="checkbox"/> Det. not in rm. or space of fire origin, but fire too small to open <input type="checkbox"/> Not determined above <input type="checkbox"/> Undetermined or not reported <input type="checkbox"/> No damage present (N/A)		SPRINKLER PERFORMANCE		<input type="checkbox"/> Equipment operated <input type="checkbox"/> Equipment should have operated - did not <input type="checkbox"/> Equipment pre but too small to open <input type="checkbox"/> Not determined above <input type="checkbox"/> Undetermined or not reported <input type="checkbox"/> No equipment present (N/A)							
Q	TYPE OF MATERIAL GENERATING MOST SMOKE		F SMOKE SPREAD BEYOND ROOM OF ORIGIN				AVENUE OF SMOKE TRAVEL		<input type="checkbox"/> Air handling duct <input type="checkbox"/> Corridor <input type="checkbox"/> Elevator shaft		<input type="checkbox"/> Stair <input type="checkbox"/> Opening in construction <input type="checkbox"/> Utility opening in wall		<input type="checkbox"/> Utility opening in floor <input type="checkbox"/> Not determined above <input type="checkbox"/> Undetermined or not reported <input type="checkbox"/> No avenue of smoke travel (N/A)							
R	FORM OF MATERIAL GENERATING MOST SMOKE																			
S	30	INCIDENT PROPERTY		YEAR	MAKE	MODEL	TYPE	SPECIAL NOTES		LAUNCHED NO.										
T	40	INCIDENT EQUIPMENT INVOLVED IN IGNITION		YEAR	MAKE	MODEL	TYPE	SPECIAL NOTES		LAUNCHED NO.										

U MEMBER MAKING REPORT *Linck West* DATE *2/28/09*

COMPLETE FOR ALL INCIDENTS

COMPLETE FOR ALL FIRES

COMPLETE IF STRUCTURE FIRE